

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>		10/089,312 (Pat. No. 7,008,791)
	<b>Filing Date</b>		(Int'l) October 2, 2000 (Issued: March 7, 2006)
	<b>First Named Inventor</b>		Gregory GREGORIADIS
	<b>Title</b>	LIPOSOME-ENTRAPPED DNA ORAL VACCINES	
	<b>Art Unit</b>	1633	
	<b>Examiner Name</b>	J. Epps-Ford	
<b>Attorney Docket No.</b>		429022001200	

I hereby revoke all previous powers of attorney given in the above-identified application.  
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☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	X	Date	X 01/10/08
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Title and Company	CHIEF SCIENTIFIC OFFICER, LIPOKINETIC TECHNOLOGIES, LTD.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.